

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
CEPEDA JOHANNY

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
144 Walnut St Reading PA 19601 (610) 373-2578

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☒ Candidate (Including write-in) C ☐ Public Official (Current) D ☐ Public Employee (Current) E ☐ Check this block if you are filing as a solicitor
B ☐ Nominee C ☐ Public Official (Former) D ☐ Public Employee (Former)

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☐ hold ☐ held

A CITY COUNCIL

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
Self Employed Business Owner 2014

08 REAL ESTATE INTERESTS (See instructions on page 2) IF NONE, check this box. ☒

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) IF NONE, check this box. ☒ Interest Rate

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐ (OFFICIAL USE ONLY)

Name: MI CASA SU CASA Address: 320 Penn Street Reading, PA 19602

11 GIFTS (See instructions on page 2) IF NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) IF NONE, check this box. ☒ Value

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) IF NONE, check this box. ☐

Business Entity (Name and Address) Position Held

Name: MI CASA SU CASA, LLC Address: 320 Penn Street owner/manager

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) IF NONE, check this box. ☐

Name and Address of Business Interest Held

MI CASA SU CASA, LLC 320 Penn Street owner

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) IF NONE, check this box. ☒

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Recd JX 3/10/15

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee: Friends of Johanny Cepeda

Name of Candidate: Johanny Cepeda

Bank Account Information of Committee: M & T Bank

Treasurer's Name: Ana Cepeda

Date Formed: 3/10/15

Report Prepared By:

Johanny Cepeda

Name: 3/10/15

Date:

Rec'd *XX* 3/10/15

City of Reading

Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other" representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Johanny Cepede
Printed Name

Johanny Cepede
Signature

3/10/15
Date

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Johanny Cepeda					
Street Address		144 Walnut st					
City	Reading	State	PA	Zip Code	19601		
Type of Report (Place x under report type)							
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/2015		Year	Amendment Report	<input type="checkbox"/>	Termination Report
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only			
		3/10/15	5/4/15				
A. Amount Brought Forward From Last Report		\$	0				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0				
C. Total Funds Available (Sum of Lines A and B)		\$	0				
D. Total Expenditures (From Schedule III)		\$	275 ⁰⁰				
E. Ending Cash Balance (Subtract Line D from Line C)		\$	-275				
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0				
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0				

2015 MAY 8 PM 3 44
RECEIVED
BERKS COUNTY
ELECTION SERVICES

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on pages, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of May 20 15

Signature: *[Signature]*

My Commission expires 1 14 2016 MO. DAY YR.

Signature of Person Submitting report: *[Signature]*

Printed Name: Johanny Cepeda

Area Code: 610

Daytime Telephone Number: 375-1161

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature: _____

Signature of Candidate: _____

Printed Name: _____

My Commission expires MO. DAY YR.

Area Code: _____

Daytime Telephone Number: _____

RECEIVED
MAY 14 2015

BY: mak

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid	Custom It Printing	Date [MM/DD/YYYY]	\$	225 ⁰⁰
House #	Street Address	Description of Expenditure		
20	South 4th St			
City	State	Zip Code		
Reading	PA	19602		

To Whom Paid	MICASA SU CASA	Date [MM/DD/YYYY]	\$	50 ⁰⁰
House #	Street Address	Description of Expenditure		
300	Penn St			
City	State	Zip Code		
Reading	PA	19602		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
-------------------------------------	--

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Johanny Cepede			
Street Address	144 Walnut Street			
City	Reading	State	PA	Zip Code 19601

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/19/2015	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3/10/15	5/4/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1175	
C. Total Funds Available (Sum of Lines A and B)	\$	1175	
D. Total Expenditures (From Schedule III)	\$	200	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	975	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	2316.95	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

RECEIVED
BERKS COUNTY
ELECTION SERVICES
2015 MAY 8 PM 3 44

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8th day of May
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
CARMEN D. LIMA
Notary Public
CITY OF READING, BERKS COUNTY
My Commission Expires Mar 17, 2019

Signature of Person Submitting report
Printed Name
610 373-2578
Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

8th day of May
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
CARMEN D. LIMA
Notary Public
CITY OF READING, BERKS COUNTY
My Commission Expires Mar 17, 2019

Signature of Candidate
Printed Name
610 375-1161
Area Code Daytime Telephone Number

RECEIVED
MAY 08 2015

BY: mak

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1. NAME OF PERSON
 2. DATE OF BIRTH
 3. DATE OF DEATH
 4. DATE OF BURIAL
 5. DATE OF CREMATION
 6. DATE OF INTERMENT
 7. DATE OF EXHUMATION
 8. DATE OF REINTERMENT
 9. DATE OF REINTERMENT
 10. DATE OF REINTERMENT
 11. DATE OF REINTERMENT
 12. DATE OF REINTERMENT
 13. DATE OF REINTERMENT
 14. DATE OF REINTERMENT
 15. DATE OF REINTERMENT
 16. DATE OF REINTERMENT
 17. DATE OF REINTERMENT
 18. DATE OF REINTERMENT
 19. DATE OF REINTERMENT
 20. DATE OF REINTERMENT
 21. DATE OF REINTERMENT
 22. DATE OF REINTERMENT
 23. DATE OF REINTERMENT
 24. DATE OF REINTERMENT
 25. DATE OF REINTERMENT
 26. DATE OF REINTERMENT
 27. DATE OF REINTERMENT
 28. DATE OF REINTERMENT
 29. DATE OF REINTERMENT
 30. DATE OF REINTERMENT
 31. DATE OF REINTERMENT
 32. DATE OF REINTERMENT
 33. DATE OF REINTERMENT
 34. DATE OF REINTERMENT
 35. DATE OF REINTERMENT
 36. DATE OF REINTERMENT
 37. DATE OF REINTERMENT
 38. DATE OF REINTERMENT
 39. DATE OF REINTERMENT
 40. DATE OF REINTERMENT
 41. DATE OF REINTERMENT
 42. DATE OF REINTERMENT
 43. DATE OF REINTERMENT
 44. DATE OF REINTERMENT
 45. DATE OF REINTERMENT
 46. DATE OF REINTERMENT
 47. DATE OF REINTERMENT
 48. DATE OF REINTERMENT
 49. DATE OF REINTERMENT
 50. DATE OF REINTERMENT
 51. DATE OF REINTERMENT
 52. DATE OF REINTERMENT
 53. DATE OF REINTERMENT
 54. DATE OF REINTERMENT
 55. DATE OF REINTERMENT
 56. DATE OF REINTERMENT
 57. DATE OF REINTERMENT
 58. DATE OF REINTERMENT
 59. DATE OF REINTERMENT
 60. DATE OF REINTERMENT
 61. DATE OF REINTERMENT
 62. DATE OF REINTERMENT
 63. DATE OF REINTERMENT
 64. DATE OF REINTERMENT
 65. DATE OF REINTERMENT
 66. DATE OF REINTERMENT
 67. DATE OF REINTERMENT
 68. DATE OF REINTERMENT
 69. DATE OF REINTERMENT
 70. DATE OF REINTERMENT
 71. DATE OF REINTERMENT
 72. DATE OF REINTERMENT
 73. DATE OF REINTERMENT
 74. DATE OF REINTERMENT
 75. DATE OF REINTERMENT
 76. DATE OF REINTERMENT
 77. DATE OF REINTERMENT
 78. DATE OF REINTERMENT
 79. DATE OF REINTERMENT
 80. DATE OF REINTERMENT
 81. DATE OF REINTERMENT
 82. DATE OF REINTERMENT
 83. DATE OF REINTERMENT
 84. DATE OF REINTERMENT
 85. DATE OF REINTERMENT
 86. DATE OF REINTERMENT
 87. DATE OF REINTERMENT
 88. DATE OF REINTERMENT
 89. DATE OF REINTERMENT
 90. DATE OF REINTERMENT
 91. DATE OF REINTERMENT
 92. DATE OF REINTERMENT
 93. DATE OF REINTERMENT
 94. DATE OF REINTERMENT
 95. DATE OF REINTERMENT
 96. DATE OF REINTERMENT
 97. DATE OF REINTERMENT
 98. DATE OF REINTERMENT
 99. DATE OF REINTERMENT
 100. DATE OF REINTERMENT

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Citizens for a Greater Reading					04/01/2015	\$	250 ⁰⁰
House #	1716	Street Address		Olive St	Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19604	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Tom McMahon						03/18/2015		\$	200.00
House #	Street Address		Date [MM/DD/YYYY]		\$				
135	Washington St				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Reading	PA	19601			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Brian James						3/27/2015		\$	150 ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$				
201	Washington St				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Reading	PA	19601			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Frederick Reichle						4/29/2015		\$	100 ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$				
40	South 5th St				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Reading	PA	19602			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
					\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
					\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
					\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
					\$				
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #	Street Address		Date [MM/DD/YYYY]		\$				
					\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
					\$				

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
Greater Reading PAC						04/24/2015		500.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
8		Upland Road							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Reading		PA		19609					
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number: 									
--	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Other Receipts

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					
Full Name					
House #	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] S
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 42.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 775

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1499.95

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 2316.95
---	--	------------

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Edna Dipini					3/24/15		100 ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$		
925	Grandell Avenue						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Reading	PA	19604					
Description of Contribution							
Photo shoot & flyer design							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Earl Lucas					5/1/15		100 ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$		
335	Sunset Rd						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
West Reading	PA	19611					
Description of Contribution							
Photo on cover of AfroLatino							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Manuel A Tiburcio					5/1/15		250
House #	Street Address		Date [MM/DD/YYYY]		\$		
1115	North 13 th st.						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Reading	PA	19604					
Description of Contribution							
Campaign buttons							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Charles Corbit III					5/1/15		50 ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$		
54	Sawarass Dr.						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Reading	PA	19606					
Description of Contribution							
ticket purchase for Democratic Committee Spring Fling Event							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Citizens for a Greater Reading						4/13/2015		1499.95	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1716		Olive St							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Reading		PA		19604					
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			
n/a						Printing Expenses Palm Cards / signs			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
-----------------------------	--

To Whom Paid	El Palo Magazine, LLC			Date [MM/DD/YYYY]	3/24/15	\$	150 ⁰⁰
House #	Street Address	P.O. Box 564					
City	Reading	State	PA	Zip Code	19603	5000 Flyers	
To Whom Paid	Afro Latino			Date [MM/DD/YYYY]	5/1/15	\$	50 ⁰⁰
House #	335	Street Address	Sunset Rd				
City	West Reading	State	PA	Zip Code	19611	purchase of ad	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address						
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code				
Description of Debt							